Reporting Preventive Services & Problem-Oriented E & M in RHCs

John Burns, CPMA, CEMC, CPC, CPC-I
Vice President, Audit and Compliance Services
John.Burns@RuralHealthCoding.com
Your Faculty

- John F. Burns, CPMA, CPC, CPC-I, CEMC
- 20+ years in the healthcare arena
  - ARHPC (2016-present) - Vice President of Audit and Compliance
    - Certification / Education / Audit Support
  - www.ruralhealthcoding.com
  - john.burns@ruralhealthcoding.com
  - 518-796-7227
  - Doctors Management, LLC (2013-2016) –Senior Consultant
  - Modern Conventions in Compliance (2004-2013) –President and CEO
  - All CPT® nomenclature is authored by the American Medical Association (AMA). All rights are reserved.
Important Terms and Resources

- Medicare Benefit Policy Language (Chapter 13)
  - CMS sets the trend but private insurance plans may offer different policy
  - Section 40 ("visits"), Section 50 ("services"), 220 ("preventive services")

- **AIR** - All inclusive rate

- **AWV** - Annual Wellness Visit

- **IPPE** - Initial Preventive Physical Examination

- **E&M** - Evaluation and Management
  - AMA guidelines are not defined exactly the same by various MACs

- Co-pay/coinsurance and deductible (patient responsibility)
  - Waived for **most** preventive services (e.g., 20%, standard $134 for 2017)
Agenda and Talking Points

• How ‘preventive’ and ‘problem-oriented’ services differ
  • Essentially, if the patient presents lacking a chief complaint, its preventive!
  • Properly reporting ICD-10-CM codes is paramount

• Documentation requirements for IPPEs vs AWVs, Pelvic/Breast exam

• Applicable frequency provisions for preventive services

• When can multiple visits be claimed on the same date?

• E&M guidelines and the use of –CG modifier

• How to calculate patient financial obligations (copay/deductible)

• As you all know, different payers may impose different rules (CMS?)
Medicare Covered Preventive Services for RHCs

- [https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/FQHCPPS/Downloads/RHC-Preventive-Services.pdf](https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/FQHCPPS/Downloads/RHC-Preventive-Services.pdf)

- RHCs are paid an all inclusive rate (AIR) for eligible preventive services.
- Except for the IPPE, all services performed on a given date represent a single visit.
- A billable visit in the RHC requires a face to face “encounter” with the ‘provider’ (including the AWV).
### RHC Approved Preventive Services

<table>
<thead>
<tr>
<th>HCPCS Code</th>
<th>Short Descriptor</th>
</tr>
</thead>
<tbody>
<tr>
<td>99406⁴</td>
<td>Behav chng smoking 3-10 min</td>
</tr>
<tr>
<td>99407⁴</td>
<td>Behav chng smoking &gt; 10 min</td>
</tr>
<tr>
<td>G0101</td>
<td>Ca screen; pelvic/breast exam</td>
</tr>
<tr>
<td>G0102⁵</td>
<td>Prostate ca screening; dre</td>
</tr>
<tr>
<td>G0117⁵</td>
<td>Glaucoma scrn hgh risk direc</td>
</tr>
<tr>
<td>G0118⁵</td>
<td>Glaucoma scrn hgh risk direc</td>
</tr>
<tr>
<td>G0296</td>
<td>Visit to determ LDCT elig</td>
</tr>
<tr>
<td>G0402</td>
<td>Initial preventive exam</td>
</tr>
<tr>
<td>G0436</td>
<td>Tobacco-use counsel 3-10 min</td>
</tr>
<tr>
<td>G0437</td>
<td>Tobacco-use counsel &gt;10</td>
</tr>
<tr>
<td>G0438</td>
<td>Ppps, initial visit</td>
</tr>
<tr>
<td>G0439</td>
<td>Ppps, subseq visit</td>
</tr>
<tr>
<td>G0442</td>
<td>Annual alcohol screen 15 min</td>
</tr>
<tr>
<td>G0443</td>
<td>Brief alcohol misuse counsel</td>
</tr>
<tr>
<td>G0444</td>
<td>Depression screen annual</td>
</tr>
<tr>
<td>G0445</td>
<td>High inten beh couns std 30 min</td>
</tr>
<tr>
<td>G0446</td>
<td>Intens behave ther cardio dx</td>
</tr>
<tr>
<td>G0447</td>
<td>Behavior counsel obesity 15 min</td>
</tr>
<tr>
<td>Q0091</td>
<td>Obtaining screen pap smear</td>
</tr>
</tbody>
</table>

This material is protected by assorted copyrights and may not be reprinted or redistributed to any party except for registered attendees of a 2017 ARHPC educational session under penalty.
Applicable CPT and HCPCS II Codes

- **CPT (level I)**
  - 99381-99397
  - 99406-99407

- **G-codes (HCPCS level II)**
  - G0438-G0439
  - G0402-G0405
  - G0101, Q0091
  - G0008-G0009

- **ICD-10-CM considerations**
  - Z00-Z99 (chapter 21)
RHC Recognized Preventive Services (CMS)

- IPPE (G0402-G0405)
- AWV (G0439-G0439)
  - Screening pelvic/clinical breast exam (G0101)
  - Handling/conveyance PAP specimen (Q0091)
  - Smoking/tobacco cessation counseling (99406-99407)
  - Prostate cancer screening (G0102)
  - Glaucoma screening (G0117-G0118)

We will focus mostly on the IPPE and AWV.
Who Can Perform IPPE and AWV Services?

• IPPE must be performed by physician or practitioner as defined in section 1861 of SSA
  • Doctor of medicine or osteopathy (MD, DO)
  • Qualified non-physician practitioner (NP, PA, CNS)

• The AWV can be performed by those mentioned above or by a health educator, registered dietician/nutrition professional or other licensed practitioner... (still requires the “face-to-face”)

• IPPE can not be combined with AWV (mutually exclusive)

• Medicare does not provide coverage for ‘routine annual physicals’

• The IPPE is the only ‘physical’ Medicare and AWV is not a ‘physical’
Have You Ever Heard....

• “While I’m here, I’ve had some problems I’d like to talk about”
• “But Medicare pays for an annual physical”
• “Medicare/Medicaid pays for everything”
• “I don’t have to meet a deductible or coinsurance for any preventive service, including the Annual Wellness Visit”
• “I’ve never had to pay for this before”
• “I was never informed that I had a financial obligation”
CPT Preventive Medicine Codes

- CPT codes 99381-99387 (new patients)
- CPT code 99391-99397 (established patients)
- The “extent and focus” of services largely depends on patient’s age
- The 7th character of the code is determined by the patient’s age

<table>
<thead>
<tr>
<th>CPT code’s 7th character</th>
<th>Patient’s age at time of service</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>&lt; 1</td>
</tr>
<tr>
<td>2</td>
<td>1-4</td>
</tr>
<tr>
<td>3</td>
<td>5-11</td>
</tr>
<tr>
<td>4</td>
<td>12-17</td>
</tr>
<tr>
<td>5</td>
<td>18-39</td>
</tr>
<tr>
<td>6</td>
<td>40-64</td>
</tr>
<tr>
<td>7</td>
<td>65+</td>
</tr>
</tbody>
</table>
CPT Preventive Medicine Codes

- Medicare does not pay for an “annual physical”.
- For Medicare patients in the RHC setting, consider IPPE or AWV codes.
- For CDL/sports physicals, we advise seeking specific payer guidance you may choose to consult unlisted E&M codes (e.g., 99499).
- According to CPT, you may report “problem-oriented” E&M with a modifier -25 (‘significant separately identifiable’) with sufficient documentation. These codes require “age and gender appropriate history and physical exam”
  - If “insignificant or trivial” matters are addressed, a *sick* visit is not separately warranted
- Do not confuse CMS’ rules in the RHC setting...only rare situations allow for multiple visits (AIRs) on same date (e.g., IPPE and “sick” visit)
Scenario #1: 45 year old established patient presents for a complete annual physical (non-Medicare)

- 45-year-old male presents for an annual physical. He exhibits no current problems or symptomology. Age and gender appropriate history and physical examination take place and the patient receives a refill of his lisinopril for hypertension. BP reading today was recorded as 118/78.

<table>
<thead>
<tr>
<th>CPT / HCPCS</th>
<th>Modifier</th>
<th>ICD-10-CM</th>
<th>Charges</th>
<th>Patient Responsibility</th>
</tr>
</thead>
<tbody>
<tr>
<td>99396</td>
<td>n/a</td>
<td>Z00.00</td>
<td>$150.00</td>
<td>$150 (unless insurance offers coverage)</td>
</tr>
</tbody>
</table>

Medicare does NOT cover CPT codes 99381-99397
IPPEs and AWVs in the RHC

• **G0402**: The IPPE can be billed as a stand-alone visit if it is the only medical service provided on that day with a RHC practitioner. If an IPPE visit is furnished on the same day as another billable visit, **two visits may be billed**. The beneficiary coinsurance and deductible are waived for the IPPE.

• **G0438-G0439**: The AWV can be billed as a stand-alone visit if it is the only medical service provided on that day with a RHC practitioner. If the AWV is furnished on the same day as another medical visit, **it is not** a separately billable visit. The beneficiary coinsurance and deductible are waived.

  • An RHC encounter requires the face to face aspect by the “provider”, even for the AWV.
# Medicare Covered Preventive Services (RHCs)

<table>
<thead>
<tr>
<th>Service</th>
<th>HCPCS Code</th>
<th>Short Descriptor</th>
<th>Paid at the AIR</th>
<th>Eligible for Same Day Billing</th>
<th>Coinsurance /Deductible</th>
<th>CMS Pub 100-04</th>
</tr>
</thead>
<tbody>
<tr>
<td>IPPE</td>
<td>G0402</td>
<td>Initial preventive exam</td>
<td>Yes</td>
<td>Yes</td>
<td>Waived</td>
<td>Ch. 9 §150</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Ch. 18 §80</td>
</tr>
<tr>
<td>AWV</td>
<td>G0438</td>
<td>Ppps, initial visit</td>
<td>Yes</td>
<td>No</td>
<td>Waived</td>
<td>Ch. 18 §140</td>
</tr>
<tr>
<td></td>
<td>G0439</td>
<td>Ppps, subseq visit</td>
<td>Yes</td>
<td>No</td>
<td>Waived</td>
<td></td>
</tr>
<tr>
<td>Screening Pelvic Exam</td>
<td>G0101</td>
<td>Ca screen; pelvic/breast exam</td>
<td>Yes</td>
<td>No</td>
<td>Waived</td>
<td>Ch. 18 §40</td>
</tr>
</tbody>
</table>
Scenario #2: 65-year-old Medicare established patient presents for the Initial Preventive Physical Exam

- 65-year-old established male presents to the RHC for his IPPE. He began receiving Medicare benefits roughly 7 months ago and has not yet received the IPPE (which is documented/Performed). He is also complaining of right lower quadrant abdominal pain for which “significant and separately identifiable” documentation supports a detailed history, expanded problem focused examination and moderate complexity of medical decision making. An order was written for an ultrasound of the abdomen to rule out appendicitis.

<table>
<thead>
<tr>
<th>CPT / HCPCS</th>
<th>Modifier</th>
<th>ICD-10-CM</th>
</tr>
</thead>
<tbody>
<tr>
<td>G0402</td>
<td>n/a</td>
<td>Z00.01</td>
</tr>
<tr>
<td>99214</td>
<td>GC</td>
<td>R10.31</td>
</tr>
</tbody>
</table>
Initial Preventive Physical Examination (Medicare)

HCPCS II code G0402

- *Initial preventive physical examination; face-to-face visit, services limited to new beneficiary during the first 12 months of Medicare enrollment*

- Referred to as a "*Welcome to Medicare*" physical

- Provides a written plan of care to the patient detailing any follow-up screening or preventive services necessary

- Deductible and co-pay are waived for the IPPE, but not for the EKG

- *May* consider “*separately identifiable*” E&M service on same date (RHC)

- ICD-10-CM codes
  - Z00.00 - Encounter for general adult medical examination without abnormal findings
  - Z00.01 - Encounter for general adult medical examination with abnormal findings
Initial Preventive Physical Examination (IPPE elements)

- Past medical and history
  - Current medications and supplements
  - Family history
  - History related to alcohol, tobacco, illicit drugs
  - Diet and physical activities
- Risk for depression and mood disorders
  - Use a screening instrument to assess potential for depression (eg, PHQ-9)
- Review functional ability and level of safety
  - Hearing, ADLs, fall risk and home safety
Additional IPPE Elements

- **Examination**
  - Height, weight, body mass index, and blood pressure;
  - Visual acuity screen; and
  - Other factors deemed appropriate based on the beneficiary’s medical and social history and current clinical standards.

- **End of life planning**
  - Verbal or written and provided to the patient
  - Advance directive in case the beneficiary can’t make health care decisions

- **Educate, counsel and refer**
  - Include written preventions plan (‘checklist’) for patient including (as deemed appropriate) a once in a lifetime screening EKG (G0403-G0405)
Use CMS’ Guidance to Create a Template

• The following link provides all the information one may need to develop a template or conduct the IPPE.

Annual Wellness Visits (AWV)

- HCPCS II code G0438 (Annual wellness visit; includes a personalized prevention plan of service (PPS), *initial* visit)
  - Includes patient's history; compiling a list of current providers; height and weight; reviewing the patient's risk factor for depression; identifying any cognitive impairment; reviewing the patient's functional ability and level of safety (based on observation or screening questions); setting up a written patient screening schedule; compiling a list of risk factors, and furnishing personalized health services and referrals, as necessary.

- HCPCS II code G0439 (Annual wellness visit, includes a personalized prevention plan of service (PPS), *subsequent* visit)
  - Includes patient's history; compiling a list of current providers; height and weight; reviewing the patient's risk factor for depression; identifying any cognitive impairment; reviewing the patient's functional ability and level of safety (based on observation or screening questions); setting up a written patient screening schedule; compiling a list of risk factors, and furnishing personalized health services and referrals, as necessary.

- **Z00.00** - Encounter for general adult medical examination *without* abnormal findings
- **Z00.01** - Encounter for general adult medical examination *with* abnormal findings
Coverage of HCPCS II Code G0101

Cervical or vaginal cancer screening; pelvic and clinical breast examination

Covered under Medicare Part B when one of the following conditions are met:

• Has not had such a test during the preceding two years or is a woman of childbearing age
• Evidence of high risk of developing cervical cancer and her physician (or practitioner) recommends more frequently than every two years.
• High risk factors for cervical and vaginal cancer are:
  • Early onset of sexual activity (under 16 years of age)
  • Multiple sexual partners (five or more in a lifetime)
  • History of sexually transmitted disease (including HIV infection)
  • Fewer than three negative or any pap smears within the previous seven years; and
  • DES (diethylstilbestrol) - exposed daughters of women who took DES during pregnancy
### Section 4102 BBA: G0101 requires 7+ of the following 11 elements

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Inspection and palpation of breasts for masses or lumps, tenderness, symmetry, or nipple discharge.</td>
</tr>
<tr>
<td>2.</td>
<td>Digital rectal examination including sphincter tone, presence of hemorrhoids, and rectal masses. Pelvic examination (with or without specimen collection for smears and cultures) including:</td>
</tr>
<tr>
<td>3.</td>
<td>External genitalia (for example, general appearance, hair distribution, or lesions).</td>
</tr>
<tr>
<td>4.</td>
<td>Urethral meatus (for example, size, location, lesions, or prolapse).</td>
</tr>
<tr>
<td>5.</td>
<td>Urethra (for example, masses, tenderness, or scarring).</td>
</tr>
<tr>
<td>6.</td>
<td>Bladder (for example, fullness, masses, or tenderness).</td>
</tr>
<tr>
<td>7.</td>
<td>Vagina (for example, general appearance, estrogen effect, discharge lesions, pelvic support, cystocele, or rectocele).</td>
</tr>
<tr>
<td>8.</td>
<td>Cervix (for example, general appearance, lesions, or discharge).</td>
</tr>
<tr>
<td>9.</td>
<td>Uterus (for example, size, contour, position, mobility, tenderness, consistency, descent, or support).</td>
</tr>
<tr>
<td>10.</td>
<td>Adnexa/parametria (for example, masses, tenderness, organomegaly, or nodularity).</td>
</tr>
<tr>
<td>11.</td>
<td>Anus and perineum.</td>
</tr>
</tbody>
</table>
Smoking Cessation Services (MLN Matters® Number: SE1611)

HCPCS II codes G0436 and G0437 were replaced by 99406 and 99407 on October 1, 2016.

- Report cessation services using CPT codes 99406 (Smoking and tobacco cessation counseling visit for the asymptomatic patient; intermediate, greater than 3 minutes, up to 10 minutes) and 99407 (Smoking and tobacco cessation counseling visit for the asymptomatic patient; intensive, greater than 10 minutes)

- Medicare allows 2 individual tobacco cessation attempts per year. Each attempt can include up to four intermediate or intensive sessions (up to 8 sessions per year)
  - F17.200, nicotine dependence, unspecified, uncomplicated,
  - F17.201, nicotine dependence, unspecified, in remission,
  - F17.210, nicotine dependence, cigarettes, uncomplicated,
  - F17.211, nicotine dependence, cigarettes, in remission,
  - F17.220, nicotine dependence, chewing tobacco, uncomplicated,
  - F17.221, nicotine dependence, chewing tobacco, in remission,
  - F17.290, nicotine dependence, other tobacco product, uncomplicated,
  - F17.291, nicotine dependence, other tobacco product, in remission, or
  - Z87.891, personal history of nicotine dependence, unspecified, uncomplicated
Z-Codes in ICD-10-CM Impacting Rural/Community Health

• Z00.0- replaced V70.0 - Encounters for general adult medical examination (with or without abnormal findings)
  • NOTE: “The codes are not to be used if the examination is for diagnosis of a suspected medical condition or for treatment purposes”

• Z00.1— replaced V20.- Encounters for health exam of newborns and routine children (with or without abnormal findings)
  • NOTE: “Pre-existing and chronic conditions and history codes may also be included as additional codes as long as the exam is for administrative purposes and not focused on any particular condition”

• Z01.41- replaced V72.31 – Encounters for annual GYN exam (with or without abnormal findings)
  • NOTE: If “the encounter is being coded before test results are back, it is acceptable to assign the code for ‘without abnormal findings’”
Other Considerations

• What about the flu and pneumococcal vaccines?
  • These are included on the cost report (can bill Advantage plans separately)

• Where is the –CG modifier to be appended?
  • Really depends on the specific scenario (see below):
    • G0438-CG (because the only service)
    • 99213-CG, G0439 (because another qualifying visit was reported)
    • 99213-CG, G0402 (because another qualifying visit was reported)

• We must be careful not to schedule multiple visits for the sole purpose of getting > 1 AIR. Consider case-specific policy language.
Preventive Services References

1. Initial Preventive Physical Examination (IPPE):

2. Annual Wellness Visits (AWV):

3. Medicare Preventive Services:
QUESTIONS?

John F. Burns, CPMA, CPC, CPC-I, CEMC
Vice President, Audit and Compliance Services, ARHPC

john.burns@ruralhealthcoding.com